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Healthcare Licensing and Surveys

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535045	A. BUILDING _____ B. WING _____	C 11/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POWELL VALLEY CARE CENTER	777 AVENUE H POWELL, WY 82435

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F 000	INITIAL COMMENTS The following common abbreviations and acronyms are used throughout this document: ADL - Activities of Daily Living CNA - Certified Nursing Assistant RN - Registered Nurse Less commonly used abbreviations will be annotated in each deficiency where used.	F 000		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff	F 280	F280 The facility will ensure that care plans are revised to accurately reflect the status of residents. A. The care plan for resident #2 will be updated to include all of the fall prevention measures. B. All residents have the potential to be affected by the facilities failure to accurately update care plans. C. The MDS manager will educate the Interdisciplinary Team regarding the need to revise the care plans any time fall preventive measures are initiated. The Care Plan revision process will be changed to include updating care plans when fall prevention measures are initiated in morning rounds. The MDS manager will perform random audits monthly to ensure that fall preventive measures are accurately reflected in the care plans.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Cheryl Benavides	Administrator	11/26/2012

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

12/5/12 @ 3:45 pm POC accepted via telephone call with Nicole Osterwiller, administrator. PPiner

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F 280	Continued From page 1 interviews, the facility failed to ensure the care plan was revised to accurately reflect the status of 1 of 6 sample residents (#2). The findings were: Interview on 11/6/12 at 5:30 PM with RN #1 revealed the fall preventive measures for resident #2 included positioning the bed in a low position against the wall and utilizing a floor mat. According to the medical record CNA #1 found the resident on the floor on 10/29/12; and injuries from the fall included skin tears, bruises and a swollen left eye. During the interview on 11/6/12 at 5:30 PM RN #2 stated the bed was not positioned against the wall on 10/29/12 when the resident was found on the floor. The RN further stated the care plan needed to be revised to include all of the fall prevention measures. Review of the current care plan showed positioning the bed against the wall was not included in the care plan interventions for safety and fall prevention.	F 280	F280 (cont) D. The MDS manager will aggregate the random monthly data and report the results to the Care Center Administrator and the Care Center Medical Director monthly and to Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date 12/14/2012	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interview, the facility failed to ensure staff consistently followed care plan interventions for 2 of 6 sample residents (#3, #4) who were assessed as high fall risks. The findings were:	F 282	F 282 The facility will ensure that staff consistently followed care plan interventions. A. 1. Nursing staff will assure that resident #3 has a non-skid mat in place as per the care plan. 2. Education related to the need for resident #4 to have hip protectors in place will be provided to nursing staff. B. All residents have the potential to be affected by failure to consistently follow care plan interventions.	

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F 282	Continued From page 2 1. According to the medical record for resident #3, s/he received skin tears and abrasions from falls on 9/1/12, 9/3/12, 11/2/12 and 11/5/12. Review of the current care plan, showed interventions for fall prevention included positioning a non-skid mat by the recliner and post fall monitoring. Review of the post fall follow up record completed for the 11/5/12 fall revealed the resident was found on the floor in front of the recliner. Further review showed a non-skid mat was not included in the preventive measures that were in use prior to the fall. Periodic observations on 11/5/12 and 11/6/12 revealed the resident sat in the recliner without a non-skid mat positioned in front of the recliner. Interview with CNA #3 on 11/6/12 at 5 PM revealed the resident did not have a non-skid floor mat, and the CNA was not aware of the need for it. During an interview on 11/6/12 at 6:30 PM, RN #1 stated the non-skid floor mat needed to be placed in front of the recliner as a safety measure for the resident due to his/her unsteady gait. 2. Review of the medical record for resident #4 showed s/he fell nine times in September 2012, six times in October 2012, and on 11/3/12. Further review showed none of the falls resulted in serious injuries. Review of fall risk assessment completed on 10/4/12 showed staff assessed the resident's fall risk was high. Review of the care plan, updated 10/2/12, showed safety and fall prevention interventions included directions for staff to ensure the resident "is wearing hip protectors at all times". CNA #2 was observed providing toileting assistance and bedtime care for the resident on 11/6/12 at 6:45 PM. The observation revealed the hip protectors were not	F 282	F282 (cont) C. Fall prevention measures will be placed in the *Treatment Administration Record.* Nurses will have the responsibility to ensure measures are implemented and documented each shift. Education will be provided to all nursing staff regarding the new procedure as described above. The Nursing Director will conduct random audits monthly to ensure fall prevention measures are being implemented. D. The Nursing Director will aggregate the audit data and report the results monthly to the Administrator and the Care Center Medical Director and to the Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date	12/14/2012

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F 282	Continued From page 3 on the resident when the CNA undressed him/her. Continuous observation further revealed the CNA completed the bedtime tasks, positioned the resident in bed and departed the room without applying the hip protectors. Interview with the CNA at that time revealed she was aware of the need for the hip protectors, but she did not put them on the resident because none were available in the room.	F 282	F323 The facility will ensure that safety and fall prevention measures are consistently implemented for those residents at risk for falls. A. 1. The appropriate fall prevention measures to include bed positioning will be listed in the care plan for resident #2. 2. Nursing staff will assure that resident #3 has a non-skid mat in place as per the care plan. 3. Education related to the need for resident #4 to have hip protectors in place will be provided to nursing staff. 4. Interventions for resident #5 to include, securing a cover on the driving stick her electric w/c and ensuring she has on appropriate sized clothing will be listed on the care plan. 5. Fall prevention measures will be placed in the *Treatment Administration Record.* Nurses will have the responsibility to ensure measures are implemented and documented off each shift. B. All residents have the potential to be affected by the lack of consistency with the implementation of safety and fall prevention measures.	
F 323 S9=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to ensure safety and fall prevention measures were consistently implemented for 4 of 6 sample residents (#2, #3, #4, #5) who were at risk for falls. The findings were: 1. According to the medical record for resident #2, s/he bruised his/her left wrist and right forearm when s/he slid out of bed on 3/19/12. Further review of the medical record showed CNA #1 found the resident on the floor on 10/29/12, and injuries from the fall included skin tears, bruises and a swollen left eye. Review of the 5/17/12 and 8/17/12 Fall Risk Assessment	F 323		

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F 323	Continued From page 4 showed the resident did not ambulate, was confined to bed/chair, required a mechanical lift for transfers, and had variable moods. Further review showed s/he required extensive to total assistance with cares, and the risk for falls was high. Review of the 5/17/12 and 8/17/12 ADL Functional/Restorative Assessment showed s/he had cognitive impairment and required the assitance of two staff to reposition and move in bed. During an interview on 11/6/12 at 5:30 PM RN #1 stated the fall preventions measures for this resident included positioning the bed against the wall in a low position and utilizing a floor mat. Interviews with RN #1 on 11/6/12 at 5:30 PM and CNA #1 on 11/7/12 at 9:25 AM revealed the bed was not positioned against the wall on 10/29/12 when the resident was found on the floor. Review of the 10/29/12 post fall follow up report revealed information about positioning the bed for safety was lacking. Review of the current care plan showed positioning the bed against the wall was not included in the care plan interventions for safety and fall prevention. 2. According to the medical record for resident #3, s/he received skin tears and abrasions from falls on 9/1/12, 9/3/12, 11/2/12 and 11/5/12. Review of the current care plan, showed interventions for fall prevention included positioning a non-skid mat by the recliner and post fall monitoring. Review of the post fall follow up record completed on 11/5/12 revealed the resident was found on the floor in front of the recliner. Further review showed a non-skid mat was not included in the prevention measures that were in use prior to the fall. Periodic observations	F 323	F323 (cont) C. Fall prevention measures will be placed in the Treatment Administration Record. Nurses will have the responsibility to ensure measures are implemented and documented off each shift. Education will be provided to all nursing staff regarding the new procedure as described above. The Nursing Director will conduct random audits monthly to ensure fall prevention measures are being implemented. D. The Nursing Director will aggregate the audit data and report the results monthly to the Administrator and the Care Center Medical Director and to the Quality Council quarterly. Quality Council will have the overall responsibility to ensure the facility is in compliance. Completion Date	12/14/2012

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F 323	Continued From page 5 on 11/6/12 and 11/8/12 revealed the resident sat in the recliner without a non-skid mat positioned in front of the recliner. Interview with CNA #3 on 11/8/12 at 6 PM revealed the resident did not have a non-skid floor mat, and the CNA was not aware of the need for it. During an interview on 11/6/12 at 5:30 PM, RN #1 stated the non-skid floor mat needed to be placed in front of the recliner as a safety measure for the resident due to his/her unsteady gait. 3. Review of the medical record for resident #4 showed s/he fell nine times in September 2012, six times in October 2012, and on 11/3/12. Further review showed none of the falls resulted in serious injuries. Review of fall risk assessment completed on 10/4/12 showed staff assessed the resident's fall risk was high. Review of the care plan, updated 10/2/12, showed safety and fall prevention interventions included directions for staff to ensure the resident "is wearing hip protectors at all times". CNA #2 was observed providing toileting assistance and bedtime care for the resident on 11/6/12 at 6:45 PM. The observation revealed the hip protectors were not on the resident when the CNA undressed him/her. Continuous observation further revealed the CNA completed the bedtime tasks, positioned the resident in bed and departed the room without applying the hip protectors. Interview with the CNA at that time revealed she was aware of the need for the hip protectors, but she did not put them on the resident because none were available in the room. 4. According to the medical record for resident #5, the resident was admitted to the facility on	F 323		

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F 323	Continued From page 6 10/25/12 and s/he fell out of his/her electric wheelchair on 11/1/12. Review of the 11/1/12 fall follow up report revealed the resident was pulled from the wheelchair to the floor when his/her oversized wearing apparrel got caught in the wheel. During the incident, contact with the uncovered metal driving stick cause three lacerations on his/her right arm. The fall follow up report recommendation was to ensure the resident's clothing was not too long or big. Interview with CNAs #3 and #4 on 3:55 PM on 11/6/12 revealed they were unaware of the fall follow up recommendations. Interview on 11/6/12 at 4:30 PM with RN #2 revealed important safety measures for this resident included securing a cover on the driving stick and ensuring appropriate clothing. Review of the admission interim care plan showed interventions regarding safety and fall prevention were lacking. 5. Interview on 11/7/12 at 10:30 AM with the administrator and risk manager revealed the facility had a system for identifying safety needs and fall prevention measures, but a system for ensuring consistent implementation of the measures had not been developed. They also stated they needed to improve their system for ensuring resident needs were communicated to direct care staff.	F 323		